Reviewer's report

Title: Mental, neurological, and substance use problems among refugees in primary health care: analysis of the Health Information System in 90 refugee camps

Version: Date: 22 September 2014

Reviewer: Ronald Kessler

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Abstract
In the results section of the abstract when you say that 211,728 MNS visits were reported, are you referring to visits to seek treatment for MSN? Or visits for whatever reason by people with MSN?

You speak in the results section of the abstract of the “visit rate” for epilepsy/seizure. It would be better for refer to this as the “proportion of all MSN visits,” as the term “visit rate implies that you’re telling us about the proportion of people in the population of refugees with epilepsy/seizure who seek treatment. The last sentence of this section states it more accurately, although you should again refer to percent “of MSN visits,” not to percent “of visits” and you should clarify if by the latter term you mean visits for the primary purpose of seeking help for an MSN. I assume the latter is so, as it’s implausible to think that epilepsy/seizure disorder is the most commonly occurring MSN among refugees. If that’s the case, though, then you need to be clearer in the background section of the abstract in making sure readers recognize that the term “MSN visits” means visits in which patients seek help for MNS rather than for rates of MSN among patients. The latter is almost certainly a great deal higher than the former. This distinction is made more clearly in the Conclusions section of the abstract, but it would help the reader follow the logic if it was made more clearly from the very beginning.

Background section of the main paper
The first para implies that the adversities experienced by refugees cause psychosis and epilepsy. Does evidence for this causal claim exist? Is this claim needed? Even in the absence of such causal effects, we would expect 1-2% of refugees to have psychotic disorders simply because that’s the prevalence in the general population.

The para beginning at the bottom of page 4 and ending at the top of page 5: The conclusion of this para strikes me as controversial. Do we really care about the reason for presenting if we discover that there are what we consider more fundamental underlying issues that need to be addresses? If someone with psychosis presents because of a broken arm sustained when the px jumped off a roof in an attempt to fly, wouldn’t we focus on the psychosis as well as the
broken arm? Ditto with the issue addressed in this passage of the text. It’s good to know, of course, what problems patients seek help for, but the fact that only a small proportion of the people with PTSD seek help – possibly because they don’t conceptualize their PTSD sx as “illnesses” that can be treated by doctor – should not mean that PTSD should not be a focus of clinical attention. I know this is not what you were trying to say, but you need to take care in framing the research question to avoid that interpretation on the part of the reader.

The 5th para in the discussion section: You say that your findings of high treatment rates of epilepsy and psychotic disorders RELATIVE TO other MNS confirm previous findings of high rates of severe mental and neurological dxs in humanitarian settings. That’s incorrect. All you did was look at proportions WITHIN MNS visits. Let’s say there were only 10 MNS visits per 1 million total visits but that 9 out of the 10 were for epilepsy or psychosis. This would show that the PROPORTION of MNS visits that occur due to epilepsy/psychosis is high but that the ABSOLUTE NUMBER (i.e., 9/1 million total visits) is extremely low. You focused on the former comparison, not the latter, so you can’t make the claim you do in this paragraph.

I must say that I was disappointed with the remained of the section after the 5th paragraph, as your interpretation seems to leave us nowhere. You’ve shown that very few people in these settings seek help for common mental dxs. Yet we know from other research that such disorders are highly prevalent among refugees. What do we conclude from that? You seem to be concluding that epidemiologists have got it all wrong because people in these settings don’t seek help for common mental dxs. They seek help mostly for epilepsy and psychosis. But what about the possibility that this pattern of help-seeking indicates that there is a massive problem of unmet need for treatment of common mental disorders in refugee populations? Sure, we will always have people coming in for treatment if they have very severe problems like a seizure disorder or active psychosis. Treatment providers need to recognize this and be prepared to help those severe cases. But the fact that the vastly larger number of people with more common mental disorders fails to seek help strikes me as a major problem. Why doesn’t this seem to strike you as a problem? The discussion of this issue strikes me as wildly off base and needing a complete rethinking.

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests